Filing Fee: \$150.0	00 ID Number	:	
THOOPE SHAPE	STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615	21 JUN 18	v.
	LIMITED LIABILITY COMPANY		
	ARTICLES OF ORGANIZATION	9: 10	#4.2 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ±
of Organization are a	sions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, the dopted for the limited liability company to be organized hereby: limited liability company is:	e following	Articles
39 Wi	the resident agent at such address is Rhode Island is: Ch	5)83 (Zip Gode)	3
Under the terms of the limited liability	(Name of Agent) of these Articles of Organization and any written operating agreement made or intely company is intended to be treated for purposes of federal income taxation as:	ended to be	made,
	(Check one box only)		
a partne	ership or disregarded as an optity congrete	from it	t

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-16, unless a more limited purpose or duration is set forth in paragraph 6 of these Articles of Organization.

The address of the principal office of the limited liability company if it is determined at the time of organization:

(If not determined, so state)

9:10 FILED JUN 16 2009 3y 92/05

Form No. 400 Revised: 09/06

	 				
7.	Management of the Limited Liability Company:				
	A. The limited liability company is to be ma no. 8.)	anaged by its members. (If you have checked this box, go to it			
		<u>or</u>			
		managed by one (1) or more managers. (If the limited liable of the filing of these Articles of Organization, state the name			
	. Manager	١ ما			
1	NA I Wanadei				
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	· -	1 1			
		- ,			
	<u></u>	7-07-19-18-18-18-18-18-18-18-18-18-18-18-18-18-			
8.	6/16/09	to become effective, if later than the date of filing, is: n 30 days after, the filing of these Articles of Organization)			
	(not prior to, nor more than				
		Name and Address of Authorized Person:			
		32 Kinden St			
		MOSTURY IST OTEAL			
		Under penalty of perjury, I declare and affirm that I he examined these Articles of Organization, including accompanying attachments, and that all statements conta			
		herein are true and correct.			
	6/16/09	My Sin B. Hungarik).			
Date	e: 6/16/09	Signature of Authorized Person			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

